

EXHIBIT F

CCDA STAY0006822- CCDA STAY0006829

Exhibit F Page 6 of 55

APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES					Page 1
CUSTOMER DETAILS EXISTING <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) NEW CUSTOMER <input checked="" type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE OF ORGANIZATION CORPORATION <input checked="" type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>					
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME) <u>Reas Rico Tourism Company</u>					
BUSINESS PHYSICAL ADDRESS NOTE: PO BOX IS NOT SUFFICIENT <u>Ochoa Building</u> <u>Old San Juan, PR 936</u>					
ADDRESS SINCE <u>MM</u> <u>YY</u> BUSINESS TELEPHONE N.º FAX N.º					
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) <u>San</u> CITY <u>Old San Juan</u> ZIP CODE <u>936</u>					
TYPE OF BUSINESS <u>Tourism Development Co</u> SIC #:					
TAX IDENTIFICATION N.º <u>8328</u> IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)					
REFERENCES					
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS CITY ZIP CODE PHONE N.º					
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS CITY ZIP CODE PHONE N.º					
BANK REFERENCES					
TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	BANK ADDRESS	BANK PHONE N.º	
1.					
2.					
3.					
OTHER REFERENCES					
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER:					
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE:					
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE <u>MM</u> <u>YY</u> BRANCH ADDRESS					
POLITICALLY EXPOSED PERSON QUESTIONNAIRE					
• Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
• Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
NOTE: Foreign = Non US PR or USVI					
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS <u>Ver anejo</u> CUSTOMER INITIALS ()					
TYPE OF ACCOUNT #1	Operational/Check <input type="checkbox"/>	Savings <input checked="" type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #1	<u>Debt Service (Reserve Account to be opened as a contingency)</u>				
INITIAL DEPOSIT: \$	CASH <input type="checkbox"/>	CHECK(S) <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>	
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$	<u>8</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)	
Total Withdrawals/Debits \$	<u>8</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)	
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #2	Operational/Check <input type="checkbox"/>	Savings <input checked="" type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #2	<u>PRHISA (Clasico del Caribe) Reserve Account</u>				
INITIAL DEPOSIT: \$	CASH <input type="checkbox"/>	CHECK(S) <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>	
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$	<u>507,000</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input checked="" type="checkbox"/> (\$ <u>507,000</u>)	
Total Withdrawals/Debits \$	<u>507,000</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input checked="" type="checkbox"/> (\$ <u>507,000</u>)	
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #3	Operational/Check <input type="checkbox"/>	Savings <input checked="" type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #3	<u>Sweep Account to invest available funds</u>				
INITIAL DEPOSIT: \$	CASH <input type="checkbox"/>	CHECK(S) <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>	
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$	<u>83,700</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)	
Total Withdrawals/Debits \$	<u>83,700</u>	Checks <input type="checkbox"/>	Monetary Instruments <input type="checkbox"/>	ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)	
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
CASH MANAGEMENT SERVICES CUSTOMER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
I'M INTERESTED IN A CREDIT FACILITY Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>					
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS ()					
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS					
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
If "YES", provide details of the third party on the personal information section of the One Step Application.					
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.					
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.					
<div style="display: flex; justify-content: space-between;"> <div>  Client's Signature </div> <div> <u>6/17/2011</u> Date (MM/DD/YY) </div> </div>					

SCOTIABANK DE PUERTO RICO

APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES					Page 1
CUSTOMER DETAILS Existing <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) New Customer <input type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE OF ORGANIZATION CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>					
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME)					
BUSINESS PHYSICAL ADDRESS NOTE: PO BOX IS NOT SUFFICIENT					
ADDRESS SINCE		BUSINESS TELEPHONE N.º		FAX N.º	
MM YY					
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)					
CITY		ZIP CODE			
TYPE OF BUSINESS					
SIC #:					
TAX IDENTIFICATION N.º (MANDATORY IF U.S. CORPORATION)					
IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)					
REFERENCES					
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS		CITY	ZIP CODE	PHONE N.º	
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS		CITY	ZIP CODE	PHONE N.º	
BANK REFERENCES					
TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	BANK ADDRESS	BANK PHONE N.º	
1.					
2.					
3.					
OTHER REFERENCES					
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER: _____					
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE: _____					
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE MM YY _____ BRANCH ADDRESS _____					
POLITICALLY EXPOSED PERSON QUESTIONNAIRE					
				YES	NO
<ul style="list-style-type: none"> Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government? Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official? 					
NOTE: Foreign = Non US, PR or USVI					
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS					CUSTOMER INITIALS _____
TYPE OF ACCOUNT #1	Operational/Check <input type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input checked="" type="checkbox"/>
PURPOSE OF ACCOUNT #1: Concentration Account for all operating accounts except Room Tax					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$31,526,500 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$31,442,800 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #2	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>
PURPOSE OF ACCOUNT #2: Tragamonedas - Casino Depository Account - Zero Balance					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$26,016,000 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$26,016,000 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #3	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>
PURPOSE OF ACCOUNT #3: Room Tax Deposits					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$4,300,000 Checks <input checked="" type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$4,300,000 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$4,300,000)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
CASH MANAGEMENT SERVICES CUSTOMER YES <input type="checkbox"/> NO <input type="checkbox"/>					
PM INTERESTED IN A CREDIT FACILITY					
Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>					
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS _____					
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS					
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If "YES", provide details of the third party on the personal information section of the One Step Application.					
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.					
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.					
Client's Signature _____		Client's Signature _____		Date (MM/DD/YY) _____	

SCOTIABANK DEPOSIT RICO

APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES						Page 1
CUSTOMER DETAILS EXISTING <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) NEW CUSTOMER <input type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>						
TYPE OF ORGANIZATION CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>						
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME)						
BUSINESS PHYSICAL ADDRESS NOTE: PO BOX IS NOT SUFFICIENT				CITY	ZIP CODE	
ADDRESS SINCE MM / YY		BUSINESS TELEPHONE N.º		FAX N.º		
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)				CITY	ZIP CODE	
TYPE OF BUSINESS					SIC #:	
TAX IDENTIFICATION N.º (MANDATORY IF U.S. CORPORATION)			IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)			
REFERENCES						
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)						
ADDRESS				CITY	ZIP CODE PHONE N.º	
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)						
ADDRESS				CITY	ZIP CODE PHONE N.º	
BANK REFERENCES						
TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	BANK ADDRESS	BANK PHONE N.º		
1.						
2.						
3.						
OTHER REFERENCES						
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER: _____						
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE: _____						
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE MM / YY BRANCH ADDRESS _____						
POLITICALLY EXPOSED PERSON QUESTIONNAIRE					YES	NO
<ul style="list-style-type: none"> Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government? Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official? 						
NOTE: Foreign = Non US, PR or USVI						
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS						
TYPE OF ACCOUNT #1	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input checked="" type="checkbox"/>	Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #1: <u>Payroll</u>						
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ <u>1,074,300</u> Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input checked="" type="checkbox"/> (\$ <u>1,074,300</u>)						
Total Withdrawals/Debits \$ <u>1,074,300</u> Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
TYPE OF ACCOUNT #2	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #2: <u>Supplier Pmts</u>						
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ <u>30,368,800</u> Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)						
Total Withdrawals/Debits \$ <u>30,368,800</u> Checks <input checked="" type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ <u>3,544,300</u>)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
TYPE OF ACCOUNT #3	Operational/Check <input type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>	
PURPOSE OF ACCOUNT #3: _____						
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ _____ Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)						
Total Withdrawals/Debits \$ _____ Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
CASH MANAGEMENT SERVICES CUSTOMER YES <input type="checkbox"/> NO <input type="checkbox"/>						
I'M INTERESTED IN A CREDIT FACILITY Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>						
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS						
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS						
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If "YES", provide details of the third party on the personal information section of the One Step Application.						
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.						
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.						
Client's Signature _____		Client's Signature _____		Date (MM/DD/YY) _____		

OFFICERS, DIRECTORS AND SIGNATORIES (COMPLETE PERSONAL INFORMATION SECTION ON ONE STEP APPLICATION FOR EACH SIGNATORY)

BENEFICIAL OWNERS OR SHAREHOLDERS WITH 25% OR MORE OWNERSHIP (COMPLETE PERSONAL INFORMATION SECTION ON ONE STEP APPLICATION FOR EACH NAME)

The Customer will notify Scotiabank de Puerto Rico in writing any change in its beneficial owners or shareholders with more than 25% ownership.

6/17/2011
Date (MM/DD/YY)

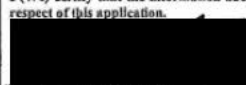

SCOTIABANK DE PUERTO RICO

The Undersigned undertakes to notify the Bank of any change in the Officers, Directors of the Company or the beneficial owners or shareholders with 25% or more ownership in the Company, and until you receive such written notice you may assume that the above persons are the officers and directors of the Company and the beneficial owners or shareholders with 25% or more ownership in the Company.

~~SECRETARY~~

SECRETARY

CERTIFIED TRANSLATION

SCOTIABANK DE PUERTO RICO					
APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES					Page 1
CUSTOMER DETAILS EXISTING <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) NEW CUSTOMER <input checked="" type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE OF ORGANIZATION CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>					
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME)					
Puerto Rico Tourism Company					
BUSINESS PHYSICAL ADDRESS CITY ZIP CODE					
Ochoa Building Old San Juan, PR 936					
ADDRESS SINCE BUSINESS TELEPHONE N.º FAX N.º					
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE					
Type of Business SIC #:					
Tax Identification N.º 8328 IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)					
REFERENCES					
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS CITY ZIP CODE PHONE N.º					
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS CITY ZIP CODE PHONE N.º					
BANK REFERENCES					
TYPE OF ACCOUNT ACCOUNT NUMBER NAME OF BANK BANK ADDRESS BANK PHONE N.º					
[handwritten:] See attachment on all accounts					
OTHER REFERENCES					
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER: _____					
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE: _____					
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE BRANCH ADDRESS					
POLITICALLY EXPOSED PERSON QUESTIONNAIRE YES NO					
<ul style="list-style-type: none"> Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government? Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official? 					
NOTE: Foreign = Non US PR or USVI					
Details for Initial Deposit for Accounts: [handwritten:] See attachment Customer Initials []					
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS					
TYPE OF ACCOUNT #1 Operational/Check <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>					
PURPOSE OF ACCOUNT #1 Debt Service Reserve Account to be opened as a contingent					
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (Provide specific details)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$ 8 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)					
Total Withdrawals/Debits \$ Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #2 Operational/Check <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>					
PURPOSE OF ACCOUNT #2 PRURISA (Caribbean classics) Reserve Account					
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (Provide specific details)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$ 50,000 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input checked="" type="checkbox"/> (\$50,000)					
Total Withdrawals/Debits \$ 50,000 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input checked="" type="checkbox"/> (\$50,000)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #3 Operational/Check <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>					
PURPOSE OF ACCOUNT #3 Sweep Account to invest available funds					
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (Provide specific details)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$ 83,700 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)					
Total Withdrawals/Debits \$ 83,700 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
CASH MANAGEMENT SERVICES CUSTOMER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
I'M INTERESTED IN A CREDIT FACILITY Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>					
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS []					
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS					
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
If "YES", provide details of the third party on the personal information section of the One Step Application.					
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.					
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.					
<div style="display: flex; justify-content: space-between;"> <div>  Client's Signature </div> <div>  Date (MM/DD/YY) 6/17/2011 </div> </div>					

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PKTC Additional Accounts - P.2

SCOTIABANK DE PUERTO RICO					
APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES					
Page 1					
CUSTOMER DETAILS EXISTING <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) NEW CUSTOMER <input type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE OF ORGANIZATION CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>					
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME)					
BUSINESS PHYSICAL ADDRESS NOTE: PO BOX IS NOT SUFFICIENT		CITY		ZIP CODE	
ADDRESS SINCE MM / YY		BUSINESS TELEPHONE N.º		FAX N.º	
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		ZIP CODE	
TYPE OF BUSINESS				SIC #:	
TAX IDENTIFICATION N.º (MANDATORY IF U.S. CORPORATION)		IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)			
REFERENCES					
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS		CITY		ZIP CODE PHONE N.º	
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)					
ADDRESS		CITY		ZIP CODE PHONE N.º	
BANK REFERENCES					
TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	BANK ADDRESS	BANK PHONE N.º	
1.					
2.					
3.					
OTHER REFERENCES					
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER: _____					
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE: _____					
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE MM / YY BRANCH ADDRESS _____					
POLITICALLY EXPOSED PERSON QUESTIONNAIRE					
<ul style="list-style-type: none"> Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government? Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official? 				YES	NO
NOTE: Foreign = Non US, PR or USVI					
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS					
TYPE OF ACCOUNT #1	Operational/Check <input type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input checked="" type="checkbox"/>
PURPOSE OF ACCOUNT #1: Concentration Account for all operating accounts except Room Tax					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$31,526.50 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$31,442.80 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #2	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>
PURPOSE OF ACCOUNT #2: Tragamonedas - Casino Depository Account - Zero Balance					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$26,016.00 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$26,016.00 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
TYPE OF ACCOUNT #3	Operational/Check <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>	Term Deposit <input type="checkbox"/>	Payroll <input type="checkbox"/>	Concentration <input type="checkbox"/>
PURPOSE OF ACCOUNT #3: Room Tax Deposits					
INITIAL DEPOSIT: \$ _____ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>					
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)					
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY					
Total Deposits/Credits \$4,300.00 Checks <input checked="" type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input type="checkbox"/> (\$ _____)					
Total Withdrawals/Debits \$4,300.00 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$ _____) Wire Transfers <input checked="" type="checkbox"/> (\$4,300.00)					
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar					
CASH MANAGEMENT SERVICES CUSTOMER YES <input type="checkbox"/> NO <input type="checkbox"/>					
I'M INTERESTED IN A CREDIT FACILITY Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>					
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS _____					
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS					
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF "YES", provide details of the third party on the personal information section of the One Step Application.					
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.					
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.					
Client's Signature _____		Client's Signature _____		Date (MM/DD/YY) _____	

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PRC Additional Accounts 1.3.

APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICES						Page 1
CUSTOMER DETAILS EXISTING <input type="checkbox"/> (MUST BE SAME LEGAL ENTITY) NEW CUSTOMER <input type="checkbox"/> JOINT ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/>						
TYPE OF ORGANIZATION CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> INDIVIDUAL DOING BUSINESS AS <input type="checkbox"/> INCORPORATED NON PROFIT ORG. <input type="checkbox"/> UNINCORPORATED NON PROFIT ORG. <input type="checkbox"/>						
LEGAL BUSINESS NAME (IF DBA PROVIDE INDIVIDUAL FULL NAME AND COMPLETE BUSINESS NAME)						
BUSINESS PHYSICAL ADDRESS CITY ZIP CODE NOTE: PO BOX IS NOT SUFFICIENT						
ADDRESS SINCE MM YY BUSINESS TELEPHONE N.º FAX N.º						
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE						
TYPE OF BUSINESS SIC #:						
TAX IDENTIFICATION N.º (MANDATORY IF U.S. CORPORATION) IF DBA OR UNINCORPORATED NON PROFIT ORGANIZATION DOES NOT HAVE A TAX IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR PASSPORT NUMBER MUST BE OBTAINED FROM INDIVIDUALS (OWNERS/SIGNATORIES)						
REFERENCES						
CUSTOMER'S LAWYER (FULL NAME OF INDIVIDUAL OR FIRM)						
ADDRESS CITY ZIP CODE PHONE N.º						
CUSTOMER'S AUDITOR/ACCOUNTANT (FULL NAME OF INDIVIDUAL OR FIRM)						
ADDRESS CITY ZIP CODE PHONE N.º						
BANK REFERENCES						
TYPE OF ACCOUNT ACCOUNT NUMBER NAME OF BANK BANK ADDRESS BANK PHONE N.º						
1.						
2.						
3.						
OTHER REFERENCES						
CUSTOMER REFERRAL <input type="checkbox"/> NAME OF CUSTOMER: _____						
EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE: _____						
EXISTING SCOTIABANK CUSTOMER <input type="checkbox"/> CUSTOMER SINCE MM YY BRANCH ADDRESS						
POLITICALLY EXPOSED PERSON QUESTIONNAIRE YES NO						
• Has this corporation, business or entity been formed by or for the benefit of a current or former senior official (or immediate family members of such official) in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of other enterprise owned by a foreign Government?						
• Are any of the (i) signatories; (ii) owners or shareholders with 25% or more, or their immediate family members, a current or former senior official in the executive, legislative, administrative, military or judicial branch of a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by a foreign government or do you maintain a close personal or professional relationship with such official?						
NOTE: Foreign = Non US, PR or USVI						
DETAILS OF INITIAL DEPOSIT FOR ACCOUNTS CUSTOMER INITIALS						
TYPE OF ACCOUNT #1 Operational/Check <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Concentration <input type="checkbox"/>						
PURPOSE OF ACCOUNT #1 Payroll						
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ 1,074,300 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$ 1,074,300)						
Total Withdrawals/Debits \$ 1,074,300 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
TYPE OF ACCOUNT #2 Operational/Check <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>						
PURPOSE OF ACCOUNT #2 Supplier Pmts						
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ 30,368,300 Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)						
Total Withdrawals/Debits \$ 30,368,300 Checks <input checked="" type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$ 3,504,300)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
TYPE OF ACCOUNT #3 Operational/Check <input type="checkbox"/> Savings <input type="checkbox"/> Term Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Concentration <input type="checkbox"/>						
PURPOSE OF ACCOUNT #3						
INITIAL DEPOSIT: \$ CASH <input type="checkbox"/> CHECK(S) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TRAVELER'S CHECKS <input type="checkbox"/> MANAGER'S CHECK <input type="checkbox"/>						
SOURCE OF FUNDS (PROVIDE SPECIFIC DETAILS)						
EXPECTED MONTHLY TRANSACTIONAL ACTIVITY						
Total Deposits/Credits \$ Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)						
Total Withdrawals/Debits \$ Checks <input type="checkbox"/> Monetary Instruments <input type="checkbox"/> ACH <input type="checkbox"/> Cash <input type="checkbox"/> (\$) Wire Transfers <input type="checkbox"/> (\$)						
Note: Monetary Instruments include Manager's Checks, Certified Checks, Official Checks, Money Orders, Traveler's Checks and the similar						
CASH MANAGEMENT SERVICES CUSTOMER YES <input type="checkbox"/> NO <input type="checkbox"/>						
I'M INTERESTED IN A CREDIT FACILITY Small Business Loan <input type="checkbox"/> Professional Loan <input type="checkbox"/> Overdraft Protection (OD) <input type="checkbox"/> Commercial Line of Credit <input type="checkbox"/>						
Complete Annex A or appropriate Application if you selected a credit alternative. Ask your Bank Official. CLIENT INITIALS						
POWER OF ATTORNEY OR IN TRUST FOR ACCOUNTS						
Will this account be used to conduct business on behalf of someone other than the named account holder (third party)? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If "YES", provide details of the third party on the personal information section of the One Step Application.						
I (We) acknowledge that this account will be open for review by our Compliance Officers and Auditors and by local or federal government regulatory agencies. In the case of corporations, I (we) confirm that the corporation has not been struck from register, nor it is in the process of being wound up.						
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.						
Client's Signature Client's Signature Date (MM/DD/YY)						

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CCDA_STAY0006826

APPLICATION FOR BUSINESS ACCOUNT AND OR BANKING SERVICE		Page 2		
CERTIFICATE OF INCUMBENCY				
OFFICERS, DIRECTORS AND SIGNATORIES (COMPLETE PERSONAL INFORMATION SECTION ON ONE STEP APPLICATION FOR EACH SIGNATORY)				
Full Name	Position	Officer	Director	Signatory
Mario González Lafuente	[hw:] Executive Director	✓	✓	✓
Sofia Esteves Vergne	[hw:] Executive Subdirector	✓	✓	✓
Orlando Colón García	[hw:] Finance Director	✓	✓	✓
Wilson Virella Ramos	[hw:] Asst. Finance Director	✓	✓	✓
BENEFICIAL OWNERS OR SHAREHOLDERS WITH 25% OR MORE OWNERSHIP (COMPLETE PERSONAL INFORMATION SECTION ON ONE STEP APPLICATION FOR EACH NAME)				
Full Name	Percentage of Ownership			
Government Agency				
The Customer will notify Scotiabank de Puerto Rico in writing any change in its beneficial owners or shareholders with more than 25% ownership.				
I (We) certify that the information above is true and correct. I (We) hereby authorize the Bank to obtain independent verification of any information provided in respect of this application.				
[Redacted Signature]		[Redacted Signature]		
Client's Signature		Date (MM/DD/YY) 6/17/2011		
Corporate Certification (required from all corporate entities):				
SCOTIABANK DE PUERTO RICO				
THE UNDERSIGNED, in his capacity as secretary of _____ (herein called the "Company") hereby certifies that the above mentioned persons are the Officers, Directors of the Company and the beneficial owners or shareholders with 25% or more ownership in the Company.				
The Undersigned undertakes to notify the Bank of any change in the Officers, Directors of the Company or the beneficial owners or shareholders with 25% or more ownership in the Company, and until you receive such written notice you may assume that the above persons are the officers and directors of the Company and the beneficial owners or shareholders with 25% or more ownership in the Company.				
DATED this _____ day of _____, 20_____.				
SECRETARY [Signature]				
Corporate Seal				

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CCDA STAY0006828



T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: CCDA_STAY0006822

Signed this 15th day of May 2020

A handwritten signature in black ink, appearing to read "Andreea I. Boscor", is written over a horizontal line.

Andreea I. Boscor



Verify at www.atanet.org/verify



CCDA STAY0006918-CCDA STAY0006935

**CERTIFICACIÓN DE RESOLUCIÓN CORPORATIVA
COMPAÑÍA DE TURISMO DE PUERTO RICO
JUNTA DE DIRECTORES**

Yo, Tatiana Alejandro Souffront, Secretaria de Actas de la Junta de Directores (la "Junta") de la Compañía de Turismo de Puerto Rico (la "Compañía"), una corporación pública del Estado Libre Asociado de Puerto Rico, certifico que mediante consulta enviada el 16 de noviembre de 2016 y reenviada el 17 de noviembre de 2016, habiendo establecido quórum y cumpliendo con los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía de Turismo de Puerto Rico aprobó por unanimidad de los votantes la siguiente Resolución, la cual está en toda fuerza y vigor a la fecha de esta certificación y que la misma no ha sido enmendada ni revocada:

RESOLUCIÓN 17-026

RESUÉLVASE, autorizar al Sr. Manuel Barreiro Rivera, Director Asociado Interino de Asuntos Fiscales y a la Lcda. Lizamarie Serrano Rodríguez, Asesora Legal, como firmas autorizadas en todas las cuentas bancarias de la Compañía de Turismo y sus subsidiarias.

RESUÉLVASE ADEMÁS, autorizar a la Directora Ejecutiva, al Subdirector Ejecutivo o su representante autorizado a firmar, suscribir, endosar, certificar, otorgar y/o procesar cualquier comunicación, documento privado o instrumento público, o llevar a cabo cualquier gestión que fuere necesaria para dar cumplimiento a los propósitos de esta Resolución.

EN TESTIMONIO DE LO CUAL, estampamos el sello corporativo y firmas correspondientes en San Juan, Puerto Rico, 21 de noviembre de 2016.

TATIANA ALEJANDRO SOUFFRONT
Secretaria de Actas



COMPañÍA DE TURISMO DE PUERTO RICO

JUNTA DE DIRECTORES

En reunión ordinaria celebrada el lunes, 4 de marzo de 2013, la cual fue aprobada unánimemente por los miembros de la Junta de Directores, establecido quórum y cumpliendo con los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía de Turismo de Puerto Rico aprobó la siguiente:

RESOLUCIÓN 13-067

RESUÉLVASE, aprobar la presente resolución para autorizar la firma a los siguientes empleados de la Compañía de Turismo de Puerto Rico (la "Compañía"): Sra. Ingrid I. Rivera Rocafort, Directora Ejecutiva; Lcdo. Luis D. Muñiz Martínez, Sub Director Ejecutivo; Samuel Sierra Rivera, CPA, Director de Finanzas; y Marl Jo Laborde, Principal Oficial de Ventas y Mercadeo, para que a nombre y en representación de la Compañía, cualquiera de dos (2) de estos empleados pueda autorizar a realizar cada desembolso de las cuentas bancarias pertenecientes a la Compañía, en los siguientes bancos: Santander Asset Management, Banco Popular de Puerto Rico y Scollabank.

RESUÉLVASE, además, las cuentas bancarias pertenecientes a la Compañía correspondiente a la cuenta bancaria de Scollabank of Puerto Rico de la Compañía de Turismo de Puerto Rico, estarán identificadas como: Sweep/ Concentration Account, cuenta número [REDACTED] 5144; Current Account Business, cuenta número [REDACTED] 5139; Tragamonedas Zero Balance Account, cuenta número [REDACTED] 5140; Room Tax Target Balance Account, cuenta número [REDACTED] 5142; Supplier Payments Zero Balance Account, cuenta número [REDACTED] 5138; Payroll Payments Zero Balance Account, cuenta número [REDACTED] 5143; Hotel Development Corporation, cuenta número [REDACTED] 5137; Debt Service Reserve, cuenta número [REDACTED] 5136; y Hotel Development Corporation, cuenta número [REDACTED] 5132.

RESUÉLVASE, además, las cuentas bancarias pertenecientes a la Compañía correspondiente a la cuenta bancaria del Banco Popular de Puerto Rico de la Compañía de Turismo de Puerto Rico, estarán identificadas como: Fondo General, cuenta número [REDACTED] 4773; Impuesto Hospedería, cuenta número [REDACTED] 5545; Tragamonedas, cuenta número [REDACTED] 4166; Computadoras Suplidores Laser, cuenta número [REDACTED] 2306; Computadora Nómina, cuenta número [REDACTED] 5680; Computadora Suplidores, cuenta número [REDACTED] 4390; Hotel Development Corporation, cuenta número [REDACTED] 5085; e Inversiones, cuenta número [REDACTED] 8800.

RESUÉLVASE, además, las cuentas bancarias pertenecientes a la Compañía correspondiente a la cuenta bancaria del Santander Asset Management de la Compañía de Turismo de Puerto Rico, estarán identificadas como: R-3 DEVELOPMENT LLC, cuenta número [REDACTED] 7781; R-4

DEVELOPMENT LLC, cuenta número [REDACTED] 8192; y CB
RESIDENTIAL II, LLC, cuenta número [REDACTED] 8206.

EN TESTIMONIO DE LO CUAL, estampamos el sello corporativo y firmas
correspondientes en San Juan, Puerto Rico, hoy 4 de marzo de 2013.

[REDACTED]
MARITERE COLÓN DOMÍNGUEZ
Secretaria de Actas

Aprobado por:

[REDACTED]
ALBERTO BACÓ BAGUÉ
Presidente

SELLO CORPORATIVO



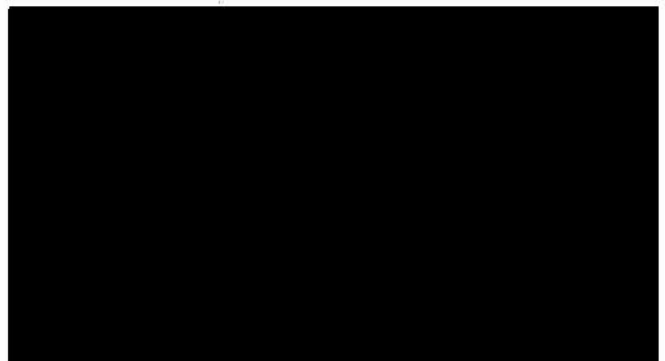
**CERTIFICACIÓN DE RESOLUCIÓN CORPORATIVA
COMPAÑÍA DE TURISMO DE PUERTO RICO
JUNTA DE DIRECTORES**

Yo, José A. Flores Vázquez, Secretario *Pro Tempore* de la Junta de Directores de la Compañía de Turismo de Puerto Rico (en adelante la "Compañía"), una corporación pública del Gobierno de Puerto Rico, certifico que mediante consulta enviada el 3 de enero de 2013, establecido quórum y cumpliendo con los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía aprobó por mayoría la siguiente resolución, la cual está en toda fuerza y vigor a la fecha de esta certificación y que la misma no ha sido enmendada y revocada:

RESOLUCIÓN 13-054

RESUÉLVASE, aprobar la presente resolución para añadir las firmas autorizadas de los señores Ricardo Roselló Rodríguez y Manuel Barreiro Rivera en las cuentas bancarias en el Scotiabank of Puerto Rico de la Compañía de Turismo de Puerto Rico, identificadas como: **Sweep/ Concentration Account**, cuenta número ■■■5144; **Current Account Business**, cuenta número ■■■5139; **Tragamonedas Zero Balance Account**, cuenta número ■■■5140; **Room Tax Target Balance Account**, cuenta número ■■■5142; **Supplier Payments Zero Balance Account**, cuenta número ■■■5138; **Payroll Payments Zero Balance Account**, cuenta número ■■■5143; **PRHRISA Account**, cuenta número ■■■5137; y **Debt Service Reserve**, cuenta número ■■■5136.

EN TESTIMONIO DE LO CUAL, firmo la presente certificación y estampo el sello corporativo de la Compañía, en San Juan, Puerto Rico, hoy 4 de enero de 2013.



COMPAÑÍA DE TURISMO DE PUERTO RICO

JUNTA DE DIRECTORES

En reunión ordinaria celebrada el lunes, 14 de mayo de 2012, establecido quórum y cumpliendo con los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía de Turismo de Puerto Rico aprobó la siguiente:

"RESOLUTION 12-139

RESOLVED, Scotiabank de Puerto Rico has been designated depository of the Puerto Rico Tourism Company.

RESOLVED, All branches of Scotiabank de Puerto Rico are hereby authorized to conduct any and all fund transactions requested therefrom by any officer, employee or agent, or any person purporting to be an officer, employee or agent, of the Puerto Rico Tourism Company.

RESOLVED, Scotiabank de Puerto Rico is hereby requested and authorized to execute all such transactions when instructions therefor are given in writing, and when any document employed to dispense such instructions bears an original or facsimile signature.

RESOLVED, Scotiabank de Puerto Rico is hereby authorized to supply, fill out and complete on behalf of the Puerto Rico Tourism Company any form or other document for the purpose of exhibiting such instructions.

RESOLVED, that the Executive Director (Director Ejecutivo), the Deputy Executive Director (Subdirectora Ejecutiva), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to open one (or more) accounts with Scotiabank de Puerto Rico and sign all related Cash Management Services documentation as deemed necessary.

RESOLVED, that Executive Director (Director Ejecutivo), the Deputy Executive Director (Subdirectora Ejecutiva), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to sign any and all checks, drafts and orders of payments against the funds deposited in the bank or to honor any and all checks, drafts or orders of payment of money drawn in the name of the Puerto Rico Tourism Company.

RESOLVED, Puerto Rico Tourism Company agrees to indemnify and hold harmless Scotiabank de Puerto Rico for any and all claims resulting from good faith compliance with the authorizations bestowed herein.

EN TESTIMONIO DE LO CUAL, estampamos el sello corporativo y firmas correspondientes en San Juan, Puerto Rico, hoy 14 de mayo de 2012.

Aprobado por:

JOSÉ R. PÉREZ RIERA
Presidente

NOEMI ROSADO FIGUEROA

Secretaria



COMPAÑÍA DE TURISMO DE PUERTO RICO

JUNTA DE DIRECTORES

Mediante consulta enviada el 28 de diciembre de 2012, la cual fue aprobada unánimemente por los miembros de la Junta de Directores, establecido quórum y habiendo cumplido con todos los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía de Turismo de Puerto Rico aprobó la siguiente:

RESOLUCIÓN 13-051

POR CUANTO, la Junta de Directores de la Compañía celebró un referéndum el 28 de diciembre de 2012, y los miembros aprobaron unánimemente la siguiente resolución:

RESUELVASE, aprobar el nombramiento de la Directora Ejecutiva Designada de la Compañía, Sra. Ingrid Rivera Rocafort, pendiente a la confirmación del Senado de Puerto Rico.

EN TESTIMONIO DE LO CUAL, estampamos el sello corporativo y firmas correspondientes en San Juan, Puerto Rico, hoy 31 de diciembre de 2012.


NOEMI ROSADO FIGUEROA
Secretaria

Aprobado por:


JOSÉ R. PÉREZ RIERA
Presidente



COMPAÑÍA DE TURISMO DE PUERTO RICO

JUNTA DE DIRECTORES

Mediante consulta enviada el 28 de diciembre de 2012, la cual fue aprobada unánimemente por los miembros de la Junta de Directores, establecido quórum y habiendo cumplido con todos los requisitos de ley para la aprobación de resoluciones, la Junta de Directores de la Compañía de Turismo de Puerto Rico aprobó la siguiente:

RESOLUCIÓN 13-052

POR CUANTO, la Junta de Directores de la Compañía celebró un referéndum el 28 de diciembre de 2012, y los miembros aprobaron unánimemente la siguiente resolución:

RESUÉLVASE, autorizar como firmas autorizadas en la Compañía a los siguientes funcionarios de la Compañía: (i) Directora Ejecutiva Designada, Sra. Ingrid Rivera Rocafort; y (ii) el Sr. Daniel Rodríguez Collazo a partir del 2 de enero de 2013.

EN TESTIMONIO DE LO CUAL, estampamos el sello corporativo y firmas correspondientes en San Juan, Puerto Rico, hoy 31 de diciembre de 2012.


NOEMÍ ROSADO FIGUEROA
Secretaria

Aprobado por:


JOSÉ R. PÉREZ RIERA
Presidente



**CERTIFICACIÓN DE RESOLUCIÓN CORPORATIVA
COMPAÑÍA DE TURISMO DE PUERTO RICO
JUNTA DE DIRECTORES**

Yo, John A. Uphoff Figueroa, Secretario de la Junta de Directores ("JD") de la Compañía de Turismo de Puerto Rico (la "Compañía"), una corporación pública del Gobierno de Puerto Rico, certifico que mediante referéndum a la JD de la Compañía celebrado el 10 de mayo de 2011, y en cumplimiento con los requisitos de la Compañía para la aprobación de resoluciones mediante referéndum, la JD de la Compañía aprobó por unanimidad la siguiente resolución, la cual está en toda fuerza y vigor a la fecha de esta certificación y que la misma no ha sido enmendada y revocada:

"RESOLUTION 11-055

RESOLVED, Scotiabank de Puerto Rico has been designated depository of the Puerto Rico Tourism Company.

RESOLVED, All branches of Scotiabank de Puerto Rico are hereby authorized to conduct any and all fund transactions requested therefrom by any officer, employee or agent, or any person purporting to be an officer, employee or agent, of the Puerto Rico Tourism Company.

RESOLVED, Scotiabank de Puerto Rico is hereby requested and authorized to execute all such transactions when instructions therefor are given in writing, and when any document employed to dispense such instructions bears an original or facsimile signature.

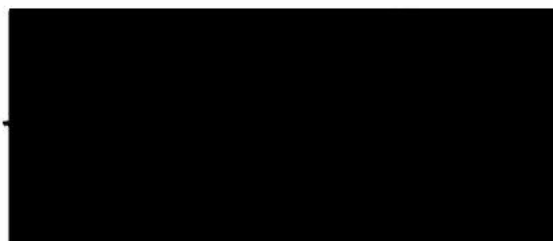
RESOLVED, Scotiabank de Puerto Rico is hereby authorized to supply, fill out and complete on behalf of the Puerto Rico Tourism Company any form or other document for the purpose of exhibiting such instructions.

RESOLVED, that the Executive Director (Director Ejecutivo), the Deputy Executive Director (Director Ejecutivo Auxiliar), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to open one (or more) accounts with Scotiabank de Puerto Rico and sign all related Cash Management Services documentation as deemed necessary.

RESOLVED, that Executive Director (Director Ejecutivo), the Deputy Executive Director (Director Ejecutivo Auxiliar), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to sign any and all checks, drafts and orders of payments against the funds deposited in the bank or to honor any and all checks, drafts or orders of payment of money drawn in the name of the Puerto Rico Tourism Company.

RESOLVED, Puerto Rico Tourism Company agrees to indemnify and hold harmless Scotiabank de Puerto Rico for any and all claims resulting from good faith compliance with the authorizations bestowed herein."

EN TESTIMONIO DE LO CUAL, firmo la presente certificación y estampo el sello corporativo de la Compañía de Turismo de Puerto Rico, en San Juan, Puerto Rico, hoy 28 de junio de 2011.



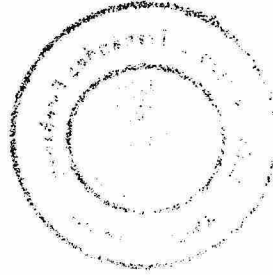
Affidávit Núm.: -200-

Reconocido y suscrito ante mí por John A. Uphoff Figueroa, mayor de edad, soltero, abogado y vecino de San Juan, Puerto Rico, en su capacidad de Secretario de la Junta de Directores de la Compañía de Turismo de Puerto Rico, a quien doy fe de conocer personalmente. En San Juan, Puerto Rico, hoy 28 de junio de 2011.



A handwritten signature in black ink, consisting of a stylized, cursive letter 'L' followed by a horizontal line.

NOTARIO PÚBLICO



CERTIFIED TRANSLATION

**CERTIFICATION OF CORPORATE RESOLUTION
PUERTO RICO TOURISM COMPANY
BOARD OF DIRECTORS**

I, Tatiana Alejandro Souffront, Recording Secretary of the Board of Directors (the "Board") of Puerto Rico Tourism Company (the "Company"), a Commonwealth of Puerto Rico public corporation, certify that by means of notice sent on November 16, 2016 and re-sent on November 17, 2016, having established a quorum and having satisfied the legal requirements for the approval of resolutions, the Board of Directors of the Puerto Rico Tourism Company unanimously approved the following Resolution, which is in full force and effect as of the date of this certification and which has not been amended or revoked:

RESOLUTION 17-026

RESOLVED, that Mr. Manuel Barreiro Rivera, Acting Associate Director of Fiscal Affairs and Lizamarie Serrano Rodriguez, Esq., Legal Counsel, are hereby authorized as authorized signatories to all bank accounts of the Tourism Company and its subsidiaries.

FURTHER RESOLVED, that the Executive Director, the Deputy Executive Director or their authorized representative is hereby authorized to sign, subscribe, endorse, certify, issue and/or process any communication, private document or public instrument, or to carry out any formalities that may be necessary to give effect to the purposes of this Resolution

IN WITNESS WHEREOF, the company seal and the corresponding signatures are affixed hereto in San Juan, Puerto Rico, November 21, 2016.

[Signature]
TATIANA ALEJANDRO SOUFFRONT
Recording Secretary

CORPORATE SEAL

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PUERTO RICO TOURISM COMPANY

BOARD OF DIRECTORS

During a regular meeting held on Monday, March 4, 2013, which was unanimously approved by the members of the Board of Directors, having established a quorum and having satisfied the legal requirements for passing resolutions, the Board of Directors of the Puerto Rico Tourism Company passed the following:

RESOLUTION 13-087

RESOLVED, that the present resolution be passed to authorize the signature of the following employees of the Puerto Rico Tourism Company (the "Company"): Mrs. Ingrid I. Rivera Rocafort, Executive Director; Mr. Luis D. Muñiz Martínez, Deputy Executive Director; Samuel Sierra Rivera, CPA, Finance Director; and Mari Jo Laborde, Chief Sales and Marketing Officer, so that, acting in the name and on behalf of the Company, any two (2) of these employees may authorize each disbursement from the bank accounts belonging to the Company, at the following banks: Santander Asset Management, Banco Popular de Puerto Rico and Scotiabank.

FURTHER RESOLVED, that the following bank accounts belonging to the Company which are the Puerto Rico Tourism Company's bank accounts at Scotiabank of Puerto Rico shall be identified as follows: **Sweep/Concentration Account**, account number [REDACTED] 5144, **Current Account Business**, account number [REDACTED] 5139; **Tragamonedas Zero Balance Account**, account number [REDACTED] 5140; **Room Tax Target Balance Account**, account number [REDACTED] 5142; **Supplier Payments Zero Balance Account**, account number [REDACTED] 5138; **Payroll Payments Zero Balance Account**, account number [REDACTED] 5143; **Hotel Development Corporation**, account number [REDACTED] 5137, **Debt Service Reserve**, account number [REDACTED] 5136; and **Hotel Development Corporation**, account number [REDACTED] 5132.

FURTHER RESOLVED, that the bank accounts belonging to the Company which are the Puerto Rico Tourism Company's bank accounts held with Banco Popular de Puerto Rico, shall be identified as: **General Fund**, account number [REDACTED] 4773; **Impuesto Hospedería [Hotel Tax]**, account number [REDACTED] 6545; **Tragamonedas**, account number [REDACTED] 4166; **Computadoras Suplidores Laser**, account number [REDACTED] 2306, **Computadora Nomina**, account number 011-285680 **Computadoras Suplidores**, account number [REDACTED] 4390, **Hotel Development Corporation**, account number [REDACTED] 5085; **Inversiones [Investments]**, account number [REDACTED] 0880 .

FURTHER RESOLVED, that the bank accounts belonging to the Company which are the Puerto Rico Tourism Company's bank accounts held with Santander Asset Management, shall be identified as: **R-3 DEVELOPMENT LLC**, account number [REDACTED] 7781; **R-4 DEVELOPMENT LLC**, account

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number [REDACTED] 8192; and **CB RESIDENTIAL II, LLC**, account number
[REDACTED] 8206.

IN WITNESS WHEREOF, the company seal and the corresponding signatures are affixed
hereto in San Juan, Puerto Rico, today, March 4, 2013.

[Signature]
MARITERE COLÓN DOMÍNGUEZ
Recording Secretary

Approved by:

CORPORATE SEAL

[Signature]
ALBERTO BACÓ BAGUÉ
Chairman

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**CERTIFICATION OF CORPORATE RESOLUTION
PUERTO RICO TOURISM COMPANY
BOARD OF DIRECTORS**

I, José A. Flores Vázquez, Secretary *Pro Tempore* of the Board of Directors of the Puerto Rico Tourism Company (subsequently referred to as the "Company"), a Government of Puerto Rico public corporation, certify that by means of notice sent on January 3, 2013, having established a quorum and having satisfied the legal requirements for the approval of resolutions, the Company's Board of Directors unanimously passed the following Resolution, which is in full force and effect as of the date of this certification and which has not been amended or revoked:

RESOLUTION 13-054

RESOLVED, to pass this resolution to include Messrs. Ricardo Roselló Rodríguez and Manuel Barreiro Rivera among the designated signatories to the Puerto Rico Tourism Company's bank accounts at the Scotiabank of Puerto Rico, identified as **Sweep/Concentration Account**, account number [REDACTED] 5144; **Current Account Business**, account number [REDACTED] 5139; **Tragamonedas Zero Balance Account**, account number [REDACTED] 5140; **Room Tax Target Balance Account**, account number [REDACTED] 5142; **Supplier Payments Zero Balance Account**, account number [REDACTED] 5138; **Payroll Payments Zero Balance Account**, account number [REDACTED] 5143; **PRHRISA Account**, account number [REDACTED] 5137; and **Debt Service Reserve**, account number [REDACTED] 5136.

IN WITNESS WHEREOF, I hereby affix my signature and the Company's corporate seal in San Juan, Puerto Rico, today, January 4, 2013.

CORPORATE SEAL

[Signature]
JOSÉ A. FLORES VÁZQUEZ,
Secretary *Pro Tempore*

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PUERTO RICO TOURISM COMPANY

BOARD OF DIRECTORS

At a regular meeting held on Monday, May 14, 2012, having established a quorum and having satisfied the legal requirements for passing resolutions, the Board of Directors of the Puerto Rico Tourism Company passed the following:

"RESOLUTION 12-139

RESOLVED, Scotiabank de Puerto Rico has been designated depository of the Puerto Rico Tourism Company.

RESOLVED, All branches of Scotiabank de Puerto Rico are hereby authorized to conduct any and all fund transactions requested therefrom by any officer, employee or agent, or any person purporting to be an officer, employee or agent, of the Puerto Rico Tourism Company.

RESOLVED, Scotiabank de Puerto Rico is hereby requested and authorized to execute all such transactions when instructions therefor are given in writing, and when any document employed to dispense such instructions bears an original or facsimile signature.

RESOLVED, Scotiabank de Puerto Rico is hereby authorized to supply, fill out and complete on behalf of the Puerto Rico Tourism Company any form or other document for the purpose of exhibiting such instructions.

RESOLVED, that the Executive Director (Director Ejecutivo), the Deputy Executive Director (Subdirectora Ejecutiva), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to open one (or more) accounts with Scotiabank de Puerto Rico and sign all related Cash Management Services documentation as deemed necessary.

RESOLVED, that Executive Director (Director Ejecutivo), the Deputy Executive Director (Subdirectora Ejecutiva), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to sign any and all checks, drafts and orders of payments against the funds deposited in the bank or to honor any and all checks, drafts or orders of payment of money drawn in the name of the Puerto Rico Tourism Company.

RESOLVED, Puerto Rico Tourism Company agrees to indemnify and hold harmless Scotiabank de Puerto Rico for any and all claims resulting from good faith compliance with the authorizations bestowed herein."

IN WITNESS WHEREOF, the company seal and the corresponding signatures are affixed hereto in San Juan, Puerto Rico, today, May 14, 2012.

[Signature]

NOEMI ROSADO FIGUEROA

Secretary

Approved by:

[Signature]

JOSÉ R. PEREZ RIERA

Chairman

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*Certified to be a correct and true translation from the source text in Spanish to the target language English.
15/MAY/2020 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

**PUERTO RICO TOURISM COMPANY
BOARD OF DIRECTORS**

By means of notice sent on December 28, 2012, which was unanimously approved by the members of the Board of Directors, having established a quorum and having satisfied the legal requirements for passing resolutions, the Board of Directors of the Puerto Rico Tourism Company passed the following:

RESOLUTION 13-051

WHEREAS, the Board of Directors of the Company held a referendum on December 28, 2012, and the members unanimously passed the following resolution:

RESOLVED, that the appointment of Mrs. Ingrid Rivera Rocafort as the Company's Executive Director Designate is hereby approved pending confirmation from the Senate of Puerto Rico.

IN WITNESS WHEREOF, the company seal and the corresponding signatures are affixed hereto in San Juan, Puerto Rico, today, December 31, 2012.

[Signature]
NOEMI ROSADO FIGUEROA
Secretary

Approved by:

[Signature]
JOSÉ R. PEREZ RIERA
Chairman

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*Certified to be a correct and true translation from the source text in Spanish to the target language English.
15/MAY/2020 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

**PUERTO RICO TOURISM COMPANY
BOARD OF DIRECTORS**

By means of notice sent on December 28, 2012, which was unanimously approved by the members of the Board of Directors, having established a quorum and having satisfied the legal requirements for passing resolutions, the Board of Directors of the Puerto Rico Tourism Company passed the following:

RESOLUTION 13-052

WHEREAS, the Board of Directors of the Company held a referendum on December 28, 2012, and the members unanimously passed the following resolution:

RESOLVED, that the following Company officers: (i) Executive Director Designate, Mrs. Ingrid Rivera Rocafort; and (ii) Mr. Daniel Rodriguez Collazo are hereby designated as authorized signatories of the Company as of January 2, 2013.

IN WITNESS WHEREOF, the company seal and the corresponding signatures are affixed hereto in San Juan, Puerto Rico, today, December 31, 2012.

[Signature]
NOEMI ROSADO FIGUEROA
Secretary

Approved by:

[Signature]
JOSÉ R. PEREZ RIERA
Chairman

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*Certified to be a correct and true translation from the source text in Spanish to the target language English.
15/MAY/2020 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

**CERTIFICATION OF CORPORATE RESOLUTION
PUERTO RICO TOURISM COMPANY
BOARD OF DIRECTORS**

I, John A. Uphoff Figueroa, Secretary of the Board of Directors ("BD") of the Puerto Rico Tourism Company (the "Company"), a Government of Puerto Rico public corporation, certify that by means of a Company BD referendum held on May 10, 2011 and in line with the Company's requirements for passing resolutions by referendum, the Company's BD unanimously passed the following Resolution, which is in full force and effect as of the date of this certification and which has not been amended or revoked:

"RESOLUTION 11-055

RESOLVED, Scotiabank de Puerto Rico has been designated depositary of the Puerto Rico Tourism Company.

RESOLVED, All branches of Scotiabank de Puerto Rico are hereby authorized to conduct any and all fund transactions requested therefrom by any officer, employee or agent, or any person purporting to be an officer, employee or agent, of the Puerto Rico Tourism Company.

RESOLVED, Scotiabank de Puerto Rico is hereby requested and authorized to execute all such transactions when instructions therefor are given in writing, and when any document employed to dispense such instructions bears an original or facsimile signature.

RESOLVED, Scotiabank de Puerto Rico is hereby authorized to supply, fill out and complete on behalf of the Puerto Rico Tourism Company any form or other document for the purpose of exhibiting such instructions.

RESOLVED, that the Executive Director (Director Ejecutivo), the Deputy Executive Director (Director Ejecutivo Auxiliar), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to open one (or more) accounts with Scotiabank de Puerto Rico and sign all related Cash Management Services documentation as deemed necessary.

RESOLVED, that Executive Director (Director Ejecutivo), the Deputy Executive Director (Director Ejecutivo Auxiliar), the Chief Financial Officer (Director de Finanzas) and the Deputy Chief Financial Officer (Director Auxiliar de Finanzas) of the Puerto Rico Tourism Company or any two (2) of them are hereby authorized to sign any and all checks, drafts and orders of payments against the funds deposited in the bank or to honor any and all checks, drafts or orders of payment of money drawn in the name of the Puerto Rico Tourism Company.

RESOLVED, Puerto Rico Tourism Company agrees to indemnify and hold harmless Scotiabank de Puerto Rico for any and all claims resulting from good faith compliance with the authorizations bestowed herein."

IN WITNESS WHEREOF, I hereby affix my signature and the company seal hereto in San Juan, Puerto Rico, today, June 28, 2011.

[Signature]
John A. Uphoff Figueroa
Secretary

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RESOLUTION 11-055

PAGE 2

Affidavit No.: -200-

Acknowledged and signed before me by John A. Uphoff Figueroa, who is of age, unmarried, attorney and a resident of San Juan, Puerto Rico, in his capacity as Secretary of the Board of Directors of the Puerto Rico Tourism Company, whom I certify is personally known to me. In San Juan, Puerto Rico, today June 28, 2011.

[notary seal of Ms. Carmen L. Fernández Estebanez,
attorney and notary]

[Signature]
NOTARY PUBLIC

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T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: CCDA_STAY0006918

Signed this 15th day of May 2020

A handwritten signature in black ink, appearing to read 'Andreea I. Boscor', is written over a horizontal line.

Andreea I. Boscor



Verify at www.atanet.org/verify

